

INLAND COUNTIES EMERGENCY MEDICAL AGENCY INTERFACILITY TRANSFER POLICY

Effective February 01, 1990

POLICY

Patient transfers between acute care hospitals will be completed based upon the medical needs of the patient and through the cooperation of both the sending and receiving hospitals in accordance with approved procedures.

PROCEDURES

1. Application of Policy and Procedure

This policy shall be utilized for all patient transfers between acute care hospitals. These procedures are suggested for patient transfers from sub-acute and chronic care facilities to acute care hospitals, but are not necessary for transfers to a sub-acute and chronic care facility. This procedure is not a substitute for required transfer agreements. Each hospital shall have its own internal written transfer policy, clearly establishing administrative and professional responsibilities. Transfer agreements must also be negotiated and signed with hospitals that have specialized services not available at the transferring facility. [H & S Code 1317.3 (a) and 1317.2a (b)]

2. Responsibilities

Hospitals licensed to provide emergency services must fulfill their obligation under California Health and Safety Code to provide emergency treatment to all patients regardless of their ability to pay. Transfers made for reasons other than immediate medical necessity must be evaluated to assure that the patient can be safely transferred without hazard to the patient's health and without decreasing the patient's chances for or delaying a full recovery. In these cases, the involved physicians and hospitals should generally take a conservative view, deciding in favor of patient safety. [H & S Code 1317 and 1317.2 (b)]

If a hospital does not maintain an emergency department, its employees shall nevertheless exercise reasonable care to determine whether an emergency exists and shall direct the persons seeking emergency medical care to a nearby facility which can render the needed services, and shall assist in obtaining the services, including transportation services, in every way reasonable under the circumstances. [H & S Code 1317 (c)]

Notwithstanding the fact that the receiving facility or physicians at the receiving facility have consented to the patient transfer, the transferring physician and facility have responsibility for

the patient that he or she transfers until that patient arrives at the receiving hospital. The transferring physician determines what professional medical assistance should be provided for the patient during the transfer (if necessary, with the consultation of the appropriate EMS Base Hospital Physician). [H & S Code 1317.2 (d)]

The transferring physician has a responsibility to candidly and completely inform the receiving physician of the patient's condition so that the receiving physician can make suitable arrangements to receive the patient. [H & S Code 1317.2 (e)]

It is the responsibility of the receiving facility, when accepting the patient, to provide personnel and equipment reasonably required in the exercise of good medical practice for the care of the transferred patient, in order to assure continuity of care. [H & S Code 1317.2a (e)]

3. **Standards for Transfers**

- a. Physicians considering patient transfer should exercise conservative judgment, always deciding in favor of patient safety.
- b. If the patient presents to an emergency department, the patient must be examined and evaluated to determine if the patient has an emergency medical condition or is in active labor. If an emergency exists, the emergency department must perform emergency care and emergency services where appropriate facilities and qualified personnel are available.
 - 1) "Emergency services and care" means medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of the physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the capability of the facility. [H & S Code 1317.1 (a)]

Where necessary, the examination shall include consultation with specialty physicians qualified to give an opinion or to render treatment necessary to stabilize the patient. [H & S Code 1317.1 (i) and 1317.2 (a)]
 - 2) The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
 - a) Placing the patient's health in serious jeopardy.
 - b) Serious impairment to bodily function, or
 - c) Serious dysfunction of any bodily organ or part.

[H & S Code 1317.1 (b)]

- 3) The term "active labor" means labor at a time at which:
 - a) Delivery is imminent
 - b) There is inadequate time to effect safe transfer to another hospital prior to delivery, or
 - c) A transfer may pose a threat to the health and safety of the patient or the unborn child. [H & S Code 1317.1 (c)]
- c. Immediate transfer of Major Trauma Patients - Patients who meet the ICEMA trauma triage criteria may be immediately transferred to a Trauma Center (Loma Linda University Medical Center, Level I; Arrowhead Regional Medical Center, Level II).
 - 1) Immediate transfer is at the discretion of the examining physician. It may be based on patient condition, availability of surgeon and operating room, but **NOT** financial factors.
 - 2) Those patients immediately transferred will be audited for both medical care and compliance with this procedure.
 - 3) As in all transfers, prior acceptance of the transfer is required. Cases that are refused will be audited.
- d. The transferring physician must determine whether the patient is medically fit to transfer and, when indicated, will take steps to stabilize the patient's condition.
- e. No transfer shall be made without the consent of the receiving physician **and** hospital. The receiving hospital may designate physicians who may provide consent for both the physician **and** the hospital. It is the responsibility of the receiving physician to inform the transferring physician of the need for additional administrative consent.
- f. The patient or the patient's legal representative must be advised, if possible, of the need for the transfer. Adequate information shall be provided regarding the proposed transportation plans. This process should be documented according to State and Federal requirements. [H & S Code 1317.2 (i) and 1317.3 (d)]
- g. Hospitals making transfers of Medi-Cal patients should refer to the California Medi-Cal Stable for Transport Guidelines, which contain the guidelines for transfer outlined by the State of California. Any inconsistent requirements imposed by the Medi-Cal program shall preempt SB 12 with respect to Medi-Cal beneficiaries. [H& S Code 1317.7]
- h. Once the decision to transfer the patient has been reached, every effort should be made to affect the transfer as rapidly and safely as possible. The transferring physician must take into account the needs of the patient during transport and the ability of the transport personnel to care for the patient.

Transport personnel are not authorized to, and will not provide services beyond their scope of practice.

“Appendix A” details the scope of practice for ICEMA EMT-IA's, EMT-II's and EMT-Paramedics. If the patient's needs are within the scope of practice of an EMT-IA, no interaction with a base hospital is necessary. EMT-II and EMT-Paramedic personnel may only function under the direction of a Base Hospital Physician. If the patient requires EMT-II or EMT-Paramedic level care, the transferring physician may be contacted by the base hospital so that the patient's care can be coordinated during transport.

If the patient's care needs exceed the scope of practice of the available EMS personnel, the transferring physician will arrange for the patient to be accompanied by a physician or registered nurse along with any other personnel, equipment or supplies necessary for patient care. In these cases, while assisting the M.D. or R.N. with patient care, EMS personnel must function as EMT-IA's unless authorized by the base hospital to function as an ALS provider.

i. Additional Requirements for Transfer for Non-Medical Reasons

When patients are transferred for non-medical reasons, the transferring hospital must follow all of the above requirements. In particular, the transferring physician must ensure that emergency care and emergency services have been provided, and shall determine the transfer would not create a medical hazard to the patient and would not decrease the patient's chances for or delay the patient's full recovery. [H & S Code 1317.2]

4. **Transfer Procedures**

The following are the basic transfer procedures for all patient transfers:

a. Transferring Facility

- 1) The transferring hospital will first provide all diagnostic tests, procedures, and treatment (including, if necessary, consultation) deemed appropriate by the transferring physician.
- 2) After determining the need for transfer, the transferring physician will notify the patient or his/her representative, explaining the reason for transfer. This process should be documented according to State and Federal requirements. [H & S Code 1317.3 (d)]
- 3) The transferring physician will contact and consult the receiving physician. The receiving physician will be advised of all information regarding the patient's condition, test results, procedures, and current treatment. The patient may be transferred only with the approval of the receiving facility and

physician. The receiving hospital may designate physicians who may provide consent for both the physician **and** the hospital. It is the responsibility of the receiving physician to inform the transferring physician of the need for additional administrative consent.

If EMT-II or EMT-P personnel are requested for the transfer, the transferring physician should contact the base hospital to inform them of patient experience. The transferring physician may be consulted by base hospital personnel to facilitate care by EMS personnel.

4. To request an ambulance:

- a) Call the appropriate ambulance service directly.
- b) Identify sending and receiving facilities
- c) Identify sending and receiving physicians.
- d) Provide patient's name, location, and condition.
- e) Detail the level of care needed (EMT-I, EMT-II or EMT-P or advise if a R.N. or physician will accompany the patient.

5. The transferring physician and nurse will complete documentation of the medical record. All test results, x-rays, and other patient data, including the patient transfer form (Appendix B) will be copied and sent with the patient at the time of the transfer. If data are not available at the time of transfer, such data will be telephoned to the receiving hospital and sent as soon thereafter as possible.

b. Receiving Facility

The receiving hospital shall instruct its personnel (including physicians, who are authorized to accept patient transfers) on the appropriate procedures for completing transfers.

5. **Audit of Transfer Procedures**

Violations of transfer procedures can result from either clinical or procedural errors on the part of individual hospitals and physicians, and/ or other parties involved in the transfer process

Examples might include:

- a. Inadequate stabilization of the patient.
- b. Patient seen without adequate level of personnel or equipment.
- c. Patient subject to excessive delay in transfer.
- d. Patient seen without medical records and results of diagnostic tests.
- e. Serious deterioration of the patient's condition enroute.
- f. Inappropriate or denial of transfer of patient to another facility.

6. **Procedure for Complaint Review**

The receiving hospital, and all physicians, other licensed emergency room health personnel, and certified prehospital emergency personnel at the receiving hospital who know of apparent

violations of transfer procedures shall and the corresponding personnel at the transferring hospital and the transferring hospital may, report the apparent violation to the State Department of Health Services on a form prescribed by the Department of Health Services within one week following its occurrence. [H & S Code 1317.4 (c)]

State Department of Health Services Licensing and Certification.

Division Circle

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The Department of Health Services shall promptly send a copy of the form to the hospital administrator and appropriate medical staff committee of the transferring hospital and the Emergency Medical Services Divisions, unless the Department of Health Services concludes that the complaint does not allege facts which require further investigation, or is otherwise unmeritorious, or the Department of Health Services concludes, based upon the circumstances of the case, that its investigation of the allegations would be impeded by disclosure of the form.

[H & S code 1317.4]

When two or more persons required to report jointly have knowledge of an apparent violation, a single report may be made by a member of the team selected by mutual agreement in accordance with hospital protocols. Any individual required to report by the Health and Safety Code who disagrees with the proposed joint report has a right and duty to separately report. [H & S Code 1317.4 (c)]

APPROVED: Signatures on file

ICEMA Medical Director

Inyo County Health Officer

Mono County Health Officer

San Bernardino County Health Officer